

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 08/11/2011
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155254		(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 08/03/2011	
NAME OF PROVIDER OR SUPPLIER SUGAR CREEK REHABILITATION CONVALESCENT CENTER				STREET ADDRESS, CITY, STATE, ZIP CODE 5430 WEST U.S. 40 GREENFIELD, IN 46140			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE
F 000	<p>INITIAL COMMENTS</p> <p>This visit was for the Investigation of Complaint IN00093890.</p> <p>Complaint IN00093890 - Unsubstantiated due to lack of evidence.</p> <p>This visit was in conjunction with a Post Survey Revisit (PSR) to the PSR completed on 7/12/11 to the Investigation of Complaint IN00091349 completed on 6/15/11.</p> <p>Survey dates: August 2 and 3, 2011</p> <p>Facility number: 000157 Provider number: 155254 AIM number: 100274720</p> <p>Survey team: Barbara Gray RN TC Leslie Parrett RN</p> <p>Census bed type: SNF/NF: 47 Total: 47</p> <p>Census payor type: Medicaid: 5 Medicaid: 39 Other: 3 Total: 47</p> <p>Sample: 3</p> <p>Sugar Creek Rehabilitation Convalescent Center was found to be in compliance with 42 CFR Part 483, Subpart B and 410 IAC in regard to the Investigation of Complaint IN00093890.</p>			F 000			

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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